

PSMC Infusion Order

ATTENTION: _____
 DATE: _____
 FAX: _____
 PHONE: _____

Please review the following, complete as appropriate, and return. Thank you!

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ M F
 Phone: _____ Height: _____ Weight: _____ Allergies: _____
 DX (ICD-10 code): _____

CBC with diff CMP ESR CRP Other: _____
 Frequency every 3 months or other _____

MEDICATION

DRUG: _____
 Dose/Frequency: _____
 Infusion Instructions: _____

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 Dose/Frequency: _____
 Infusion Instructions: _____

Diphenhydramine 25mg
 Acetaminophen 650mg
 Or
 Other: _____

Supportive care

Hypersensitivity reaction orders per PAMC protocol PRN (see attached)

Prescriber's Name _____ Prescriber's Signature _____ Date _____
 NPI _____ Contact # _____

Fax the following to Providence Infusion Center at 907-224-8826:

¹Completed order, ²Demographics, ³Insurance, ⁴Clinical Notes (H&P, progress)

INFUSION REACTION PROTOCOL

Providence Seward Specialty Clinic
417 1st Avenue
Seward, AK 99664
Phone: (907) 224-5205
Fax: (907) 224-7248

Protocol to be used for signs and symptoms of **mild localized reactions** (itching, redness, welts, hives, flushing) and **severe/anaphylactic reactions** (respiratory symptoms, circulatory symptoms). Emergency medical services will be contacted in cases of severe anaphylactic reactions which do not resolve quickly with first dose of infusion reaction medications.

For mild localized reactions:

- **Nursing order:** Stop infusion, call MD for further instructions
- **Diphenhydramine:** 1 mg/kg (max 50 mg) intravenous injection once PRN infusion reaction (*mild to severe reaction*), may repeat x 1 per provider instruction
- **Famotidine:** 1 mg/kg (max 20 mg) intravenous injection once PRN infusion reaction (*mild to severe reaction*)
- **Methylprednisolone:** 2 mg/kg (max 125 mg) intravenous injection once PRN infusion reaction (*mild to severe reaction*)
- **Acetaminophen:** 15 mg/kg (max 650 mg) orally every 6 hours PRN fever or infusion reaction (*mild to severe reaction*), or per provider instruction

In addition to the above, for severe/anaphylactic reactions:

- **Epinephrine:** 0.01 mg/kg (max 0.3 mg) intramuscular injection every 5 minutes PRN anaphylaxis (*severe reaction*), or per provider instruction
- **Sodium chloride 0.9% (NS):** 20 mL/kg intravenous bolus over 2 hours PRN anaphylaxis (*severe reaction*), or per provider instruction
- **Albuterol:** 2.5 mg nebulized once PRN shortness of breath (*severe reaction*)
- **Oxygen:** Start supplemental oxygen at 2 L/min PRN shortness of breath (*severe reaction*)

PAMC infusion reaction protocol medications will be automatically be added to **all** orders for medications at an increased risk for an infusion reaction and blood transfusion orders

Please contact Providence Seward Specialty Clinic at **907-224-5205**
if modifications to this protocol are desired.